

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148

Registered No. 62

County Gila State Arizona
Township _____ or Village _____City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Yncente Rios If child is not yet named, make supplemental report, as directed3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth December 20th, 1932
(Month, day, year)9. Full name FATHER Santiago Rios 18. Full maiden name MOTHER Angela Duerte10. Residence (usual place of abode) Hayden, Arizona 19. Residence (usual place of abode) Hayden, Arizona
(If non-resident, give place and State)11. Color or race Max 12. Age at last birthday 28 (Years) 20. Color or race Max 21. Age at last birthday 24 (Years)13. Birthplace (city or place) Cuanjusto 22. Birthplace (city or place) Tucson
(State or country) Mexico (State or country) Arizona14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelterman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home16. Date (month and year) last engaged in this work Dec. 3rd., 1932 17. Total time (years) spent in this work 8 25. Date (month and year) last engaged in this work Dec 20th, 1932 26. Total time (years) spent in this work 627. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2.00 A. m. on the date above stated
(Born alive or stillborn)(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Santiago Rios Father, M.D.
or _____ Father, MidwifeGiven named added from a supplemental report _____ Address Hayden, Arizona892-1228-145 (Date of) _____ Filed Dec. 29th, 1932 W.H. Nash Registrar.